FOR OHF USE

LL1

2001
STATE OF ILLINOIS
DEPARTMENT OF PUBLIC AID
FINANCIAL AND STATISTICAL REPORT FOR
LONG-TERM CARE FACILITIES
(FISCAL YEAR 2001)

IMPORTANT NOTICE
THIS AGENCY IS REQUESTING DISCLOSURE OF INFORMATION THAT IS NECESSARY TO ACCOMPLISH THE STATUTORY PURPOSE AS OUTLINED IN 210 ILCS 45/3-208. DISCLOSURE OF THIS INFORMATION IS MANDATORY. FAILURE TO PROVIDE ANY INFORMATION ON OR BEFORE THE DUE DATE WILL RESULT IN CESSATION OF PROGRAM PAYMENTS. THIS FORM HAS BEEN APPROVED BY THE FORMS MANAGEMENT CENTER.

I. IDPH Facility ID Number: 0026435

Facility Name: Alden Wentworth Rehab & HCC

Address: 201 W. 69th Street (Number) Chicago (City) 60621 (Zip Code)

County: Cook

Telephone Number: (773) 487-1200 **Fax #** (773) 487-4782

IDPA ID Number: 36-2975641

Date of Initial License for Current Owners: 09/09/81

Type of Ownership:

	VOLUNTARY,NON-PROFIT	X	PROPRIETARY		GOVERNMENTAL
	Charitable Corp.		Individual		State
	Trust		Partnership		County
IRS Exemption Code		X	Corporation		Other
			"Sub-S" Corp.		
			Limited Liability Co.		
			Trust		
			Other		

In the event there are further questions about this report, please contact:
Name: Steven M. Kroll **Telephone Number:** (773) 286-3883

II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER

I have examined the contents of the accompanying report to the State of Illinois, for the period from 01/01/2001 to 12/31/2001 and certify to the best of my knowledge and belief that the said contents are true, accurate and complete statements in accordance with applicable instructions. Declaration of preparer (other than provider) is based on all information of which preparer has any knowledge.

Intentional misrepresentation or falsification of any information in this cost report may be punishable by fine and/or imprisonment.

Officer or Administrator of Provider

(Signed) _____ (Date)

(Type or Print Name) Steven M. Kroll

(Title) Chief Financial Officer

Paid Preparer

(Signed) _____ (Date)

(Print Name and Title)

(Firm Name & Address)

(Telephone) ( ) Fax # ( )

MAIL TO: OFFICE OF HEALTH FINANCE
ILLINOIS DEPARTMENT OF PUBLIC AID
201 S. Grand Avenue East
Springfield, IL 62763-0001 **Phone # (217) 782-1630**

Facility Name & ID Number Alden Wentworth Rehab & HCC # 0026435 Report Period Beginning: 01/01/2001 Ending: 12/31/2001

III. STATISTICAL DATA

A. Licensure/certification level(s) of care; enter number of beds/bed days, (must agree with license). Date of change in licensed beds _____

	1 Beds at Beginning of Report Period	2 Licensure Level of Care	3 Beds at End of Report Period	4 Licensed Bed Days During Report Period	
1	300	Skilled (SNF)	300	109,500	1
2		Skilled Pediatric (SNF/PED)			2
3		Intermediate (ICF)			3
4		Intermediate/DD			4
5		Sheltered Care (SC)			5
6		ICF/DD 16 or Less			6
7	300	TOTALS	300	109,500	7

B. Census-For the entire report period.

	1 Level of Care	2 Patient Days by Level of Care and Primary Source of Payment: Public Aid Recipient	3 Private Pay	4 Other	5 Total	
8	SNF	18,466	54	4,230	22,750	8
9	SNF/PED					9
10	ICF	46,754	522	643	47,919	10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	65,220	576	4,873	70,669	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 64.54%

D. How many bed-hold days during this year were paid by Public Aid?
0 (Do not include bed-hold days in Section B.)

E. List all services provided by your facility for non-patients.
(E.g., day care, "meals on wheels", outpatient therapy)

F. Does the facility maintain a daily midnight census? YES

G. Do pages 3 & 4 include expenses for services or investments not directly related to patient care?
YES [ ] NO [X]

H. Does the BALANCE SHEET (page 17) reflect any non-care assets?
YES [ ] NO [X]

I. On what date did you start providing long term care at this location?
Date started 09/09/81

J. Was the facility purchased or leased after January 1, 1978?
YES [ ] Date _____ NO [X]

K. Was the facility certified for Medicare during the reporting year?
YES [X] NO [ ] If YES, enter number of beds certified 17 and days of care provided 3,645

Medicare Intermediary ADMINISTAR FEDERAL

IV. ACCOUNTING BASIS

ACCRUAL [X] MODIFIED CASH* [ ] CASH* [ ]

Is your fiscal year identical to your tax year? YES [X] NO [ ]

Tax Year: 12/31 Fiscal Year: 12/31

* All facilities other than governmental must report on the accrual basis.

Facility Name & ID Number Alden Wentworth Rehab & HCC # 0026435 Report Period Beginning: 01/01/2001 Ending: 12/31/2001

V. COST CENTER EXPENSES (throughout the report, please round to the nearest dollar)

	Operating Expenses	Costs Per General Ledger Salary/Wage 1	Supplies 2	Other 3	Total 4	Reclass-ification 5	Reclassified Total 6	Adjust-ments 7	Adjusted Total 8	FOR OHF USE ONLY 9	10	
	A. General Services											
1	Dietary	225,467	39,070		264,537	(24,024)	240,513		240,513			1
2	Food Purchase		332,039		332,039		332,039	(20,034)	312,005			2
3	Housekeeping	211,017	38,607		249,624	281	249,905		249,905			3
4	Laundry	73,689	25,753		99,442	213	99,655		99,655			4
5	Heat and Other Utilities			250,522	250,522		250,522		250,522			5
6	Maintenance	64,348		135,978	200,326	10	200,336	25,757	226,093			6
7	Other (specify):*											7
8	**TOTAL General Services**	574,521	435,469	386,500	1,396,490	(23,520)	1,372,970	5,723	1,378,693			8
	B. Health Care and Programs											
9	Medical Director			12,000	12,000		12,000		12,000			9
10	Nursing and Medical Records	1,825,614	68,833	7,861	1,902,308	1,658	1,903,966	(6,485)	1,897,481			10
10a	Therapy											10a
11	Activities	76,366	4,755	2,310	83,431	47	83,478		83,478			11
12	Social Services	19,619		630	20,249		20,249		20,249			12
13	Nurse Aide Training											13
14	Program Transportation											14
15	Other (specify):*											15
16	**TOTAL Health Care and Programs**	1,921,599	73,588	22,801	2,017,988	1,705	2,019,693	(6,485)	2,013,208			16
	C. General Administration											
17	Administrative	169,363			169,363		169,363		169,363			17
18	Directors Fees											18
19	Professional Services			1,031,940	1,031,940	(2,750)	1,029,190	(964,629)	64,561			19
20	Dues, Fees, Subscriptions & Promotions			99,980	99,980		99,980	(89,384)	10,596			20
21	Clerical & General Office Expenses	525,385	12,848	20,209	558,442	99	558,541	51,921	610,462			21
22	Employee Benefits & Payroll Taxes			448,651	448,651	21,716	470,367	74,472	544,839			22
23	Inservice Training & Education											23
24	Travel and Seminar			853	853		853	15,513	16,366			24
25	Other Admin. Staff Transportation											25
26	Insurance-Prop.Liab.Malpractice			161,742	161,742		161,742	(8,700)	153,042			26
27	Other (specify):* Bad debts			350,178	350,178		350,178	(350,178)				27
28	**TOTAL General Administration**	694,748	12,848	2,113,553	2,821,149	19,065	2,840,214	(1,270,985)	1,569,229			28
29	**TOTAL Operating Expense (sum of lines 8, 16 & 28)**	3,190,868	521,905	2,522,854	6,235,627	(2,750)	6,232,877	(1,271,747)	4,961,130			29

***Attach a schedule if more than one type of cost is included on this line, or if the total exceeds $1000.**

NOTE: Include a separate schedule detailing the reclassifications made in column 5. Be sure to include a detailed explanation of each reclassification.

Facility Name & ID Number Alden Wentworth Rehab & HCC #0026435 Report Period Beginning: 01/01/2001 Ending: 12/31/2001

V. COST CENTER EXPENSES (continued)

	Capital Expense	Cost Per General Ledger				Reclass-ification	Reclassified Total	Adjust-ments	Adjusted Total	FOR OHF USE ONLY		
		Salary/Wage 1	Supplies 2	Other 3	Total 4	5	6	7	8	9	10	
	D. Ownership											
30	Depreciation			73,841	73,841		73,841	161,199	235,040			30
31	Amortization of Pre-Op. & Org.							2,463	2,463			31
32	Interest			109,005	109,005		109,005	180,296	289,301			32
33	Real Estate Taxes			385,562	385,562	2,750	388,312	8,513	396,825			33
34	Rent-Facility & Grounds			1,176,050	1,176,050		1,176,050	(1,175,261)	789			34
35	Rent-Equipment & Vehicles			11,002	11,002		11,002	29,459	40,461			35
36	Other (specify):* Mortgage Ins.							16,193	16,193			36
37	**TOTAL Ownership**			1,755,460	1,755,460	2,750	1,758,210	(777,138)	981,072			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers		113,161	328,139	441,300		441,300	(166,592)	274,708			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			164,250	164,250		164,250		164,250			42
43	Other (specify):*											43
44	**TOTAL Special Cost Centers**		113,161	492,389	605,550		605,550	(166,592)	438,958			44
45	**GRAND TOTAL COST (sum of lines 29, 37 & 44)**	3,190,868	635,066	4,770,703	8,596,637		8,596,637	(2,215,477)	6,381,160			45

***Attach a schedule if more than one type of cost is included on this line, or if the total exceeds $1000.**

Facility Name & ID Number Alden Wentworth Rehab & HCC # 0026435 Report Period Beginning: 01/01/2001 Ending: 12/31/2001

VI. ADJUSTMENT DETAIL

A. The expenses indicated below are non-allowable and should be adjusted out of Schedule V, pages 3 or 4 via column 7. In column 2 below, reference the line on which the particular cost was included. (See instructions.)

	NON-ALLOWABLE EXPENSES	1 Amount	2 Reference	3 OHF USE ONLY	
1	Day Care	$		$	1
2	Other Care for Outpatients				2
3	Governmental Sponsored Special Programs				3
4	Non-Patient Meals				4
5	Telephone, TV & Radio in Resident Rooms				5
6	Rented Facility Space				6
7	Sale of Supplies to Non-Patients				7
8	Laundry for Non-Patients				8
9	Non-Straightline Depreciation	148,296	30		9
10	Interest and Other Investment Income				10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(1,000)	2		13
14	Non-Care Related Interest	(113)	32		14
15	Non-Care Related Owner's Transactions				15
16	Personal Expenses (Including Transportation)				16
17	Non-Care Related Fees				17
18	Fines and Penalties	(3,824)	32		18
19	Entertainment	(12,594)	20		19
20	Contributions	(7,310)	20		20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers				22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	(350,178)	27		24
25	Fund Raising, Advertising and Promotional				25
26	Income Taxes and Illinois Personal Property Replacement Tax				26
27	Nurse Aide Training for Non-Employees				27
28	Yellow Page Advertising	(4,527)	20		28
29	Other-Attach Schedule				29
30	**SUBTOTAL (A): (Sum of lines 1-29)**	$ (231,250)		$	30

OHF USE ONLY								
48		49		50		51		52	

B. If there are expenses experienced by the facility which do not appear in the general ledger, they should be entered below.(See instructions.)

		1 Amount	2 Reference	
31	Non-Paid Workers-Attach Schedule*	$		31
32	Donated Goods-Attach Schedule*			32
33	Amortization of Organization & Pre-Operating Expense			33
34	Adjustments for Related Organization Costs (Schedule VII)	(1,038,119)	vary	34
35	Other- Attach Schedule **Page 5A**	(946,108)		35
36	**SUBTOTAL (B): (sum of lines 31-35)**	$ (1,984,227)	vary	36
37	**TOTAL ADJUSTMENTS (sum of SUBTOTALS (A) and (B))**	$ (2,215,477)		37

***These costs are only allowable if they are necessary to meet minimum licensing standards. Attach a schedule detailing the items included on these lines.**

C. Are the following expenses included in Sections A to D of pages 3 and 4? If so, they should be reclassified into Section E. Please reference the line on which they appear before reclassification. (See instructions.)

		1 Yes	2 No	3 Amount	4 Reference	
38	Medically Necessary Transport.		x	$		38
39						39
40	Gift and Coffee Shops		x			40
41	Barber and Beauty Shops		x			41
42	Laboratory and Radiology		x			42
43	Prescription Drugs		x			43
44	Exceptional Care Program		x			44
45	Other-Attach Schedule		x			45
46	Other-Attach Schedule					46
47	**TOTAL (C): (sum of lines 38-46)**			$		47

STATE OF ILLINOIS

Alden Wentworth Rehab & HCC

ID# 0026435

Report Period Beginning: 01/01/2001

Ending: 12/31/2001

	NON-ALLOWABLE EXPENSES	Amount	Sch. V Line Reference	
1	Mortgage interest	$ 236,213	32	1
2	Eliminate rent due to sale/leaseback	(1,176,050)	34	2
3	mortgage insurance premium	16,193	36	3
4	Hmo Therapies-Contractual Allowanance	(17,595)	39	4
5	HMO Pharmacies Contractual Allowance	(3,174)	39	5
6	Adjust self insurance premium	(8,700)	26	6
7	Miscelaneous income	(202)	21	7
8	IHCA PAC Fees	(1,440)	20	8
9	Adjust deferred maintenance to schedule	13,196	6	9
10	back out non-costs in part b gl 5212/3/4	(4,550)	39	10
11				11
12				12
13				13
14				14
15				15
16				16
17				17
18				18
19				19
20				20
21				21
22				22
23				23
24				24
25				25
26				26
27				27
28				28
29				29
30				30
31				31
32				32
33				33
34				34
35				35
36				36
37				37
38				38
39				39
40				40
41				41
42				42
43				43
44				44
45				45
46				46
47				47
48				48
49	**Total**	(946,108)		49

STATE OF ILLINOIS

Summary A

Facility Name & ID Number Alden Wentworth Rehab & HCC # 0026435 **Report Period Beginning:** 01/01/2001 **Ending:** 12/31/2001

SUMMARY OF PAGES 5, 5A, 6, 6A, 6B, 6C, 6D, 6E, 6F, 6G, 6H AND 6I

	Operating Expenses	PAGES	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	SUMMARY TOTALS	
	A. General Services	5 & 5A	6	6A	6B	6C	6D	6E	6F	6G	6H	6I	(to Sch V, col.7)	
1	Dietary	0	0	0	0	0	0	0	0	0	0	0	0	1
2	Food Purchase	(1,000)	0	0	(19,034)	0	0	0	0	0	0	0	(20,034)	2
3	Housekeeping	0	0	0	0	0	0	0	0	0	0	0	0	3
4	Laundry	0	0	0	0	0	0	0	0	0	0	0	0	4
5	Heat and Other Utilities	0	0	0	0	0	0	0	0	0	0	0	0	5
6	Maintenance	13,196	0	12,569	0	0	0	(8)	0	0	0	0	25,757	6
7	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	7
8	**TOTAL General Services**	12,196	0	12,569	(19,034)	0	0	(8)	0	0	0	0	5,723	8
	B. Health Care and Programs													
9	Medical Director	0	0	0	0	0	0	0	0	0	0	0	0	9
10	Nursing and Medical Records	0	0	0	(5,773)	(712)	0	0	0	0	0	0	(6,485)	10
10a	Therapy	0	0	0	0	0	0	0	0	0	0	0	0	10a
11	Activities	0	0	0	0	0	0	0	0	0	0	0	0	11
12	Social Services	0	0	0	0	0	0	0	0	0	0	0	0	12
13	Nurse Aide Training	0	0	0	0	0	0	0	0	0	0	0	0	13
14	Program Transportation	0	0	0	0	0	0	0	0	0	0	0	0	14
15	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	15
16	**TOTAL Health Care and Programs**	0	0	0	(5,773)	(712)	0	0	0	0	0	0	(6,485)	16
	C. General Administration													
17	Administrative	0	0	0	0	0	0	0	0	0	0	0	0	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	0	0	(964,629)	0	0	0	0	0	0	0	0	(964,629)	19
20	Fees, Subscriptions & Promotions	(25,871)	0	(63,513)	0	0	0	0	0	0	0	0	(89,384)	20
21	Clerical & General Office Expenses	(202)	0	36,383	11,560	4,180	0	0	0	0	0	0	51,921	21
22	Employee Benefits & Payroll Taxes	0	0	73,615	0	857	0	0	0	0	0	0	74,472	22
23	Inservice Training & Education	0	0	0	0	0	0	0	0	0	0	0	0	23
24	Travel and Seminar	0	0	15,513	0	0	0	0	0	0	0	0	15,513	24
25	Other Admin. Staff Transportation	0	0	0	0	0	0	0	0	0	0	0	0	25
26	Insurance-Prop.Liab.Malpractice	(8,700)	0	0	0	0	0	0	0	0	0	0	(8,700)	26
27	Other (specify):*	(350,178)	0	0	0	0	0	0	0	0	0	0	(350,178)	27
28	**TOTAL General Administration**	(384,951)	0	(902,631)	11,560	5,037	0	0	0	0	0	0	(1,270,985)	28
29	**TOTAL Operating Expense (sum of lines 8,16 & 28)**	(372,755)	0	(890,062)	(13,247)	4,325	0	(8)	0	0	0	0	(1,271,747)	29

STATE OF ILLINOIS

Summary B

Facility Name & ID Number Alden Wentworth Rehab & HCC # 0026435 **Report Period Beginning:** 01/01/2001 **Ending:** 12/31/2001

SUMMARY OF PAGES 5, 5A, 6, 6A, 6B, 6C, 6D, 6E, 6F, 6G, 6H AND 6I

	Capital Expense	PAGES	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	SUMMARY TOTALS	
	D. Ownership	5 & 5A	6	6A	6B	6C	6D	6E	6F	6G	6H	6I	(to Sch V, col.7)	
30	Depreciation	148,296	0	11,855	0	1,048	0	0	0	0	0	0	161,199	30
31	Amortization of Pre-Op. & Org.	0	0	292	0	0	2,171	0	0	0	0	0	2,463	31
32	Interest	232,276	0	(57,485)	0	1,600	3,905	0	0	0	0	0	180,296	32
33	Real Estate Taxes	0	0	8,240	0	273	0	0	0	0	0	0	8,513	33
34	Rent-Facility & Grounds	(1,176,050)	0	789	0	0	0	0	0	0	0	0	(1,175,261)	34
35	Rent-Equipment & Vehicles	0	0	29,459	0	0	0	0	0	0	0	0	29,459	35
36	Other (specify):*	16,193	0	0	0	0	0	0	0	0	0	0	16,193	36
37	**TOTAL Ownership**	(779,285)	0	(6,850)	0	2,921	6,076	0	0	0	0	0	(777,138)	37
	Ancillary Expense													
	E. Special Cost Centers													
38	Medically Necessary Transportation	0	0	0	0	0	0	0	0	0	0	0	0	38
39	Ancillary Service Centers	(25,318)	0	0	(11,575)	(31,864)	(97,835)	0	0	0	0	0	(166,592)	39
40	Barber and Beauty Shops	0	0	0	0	0	0	0	0	0	0	0	0	40
41	Coffee and Gift Shops	0	0	0	0	0	0	0	0	0	0	0	0	41
42	Provider Participation Fee	0	0	0	0	0	0	0	0	0	0	0	0	42
43	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	43
44	**TOTAL Special Cost Centers**	(25,318)	0	0	(11,575)	(31,864)	(97,835)	0	0	0	0	0	(166,592)	44
45	**GRAND TOTAL COST (sum of lines 29, 37 & 44)**	(1,177,358)	0	(896,912)	(24,822)	(24,618)	(91,759)	(8)	0	0	0	0	(2,215,477)	45

Facility Name & ID Number Alden Wentworth Rehab & HCC # 0026435 Report Period Beginning: 01/01/2001 Ending: 12/31/2001

VII. RELATED PARTIES

A. Enter below the names of ALL owners and related organizations (parties) as defined in the instructions. Attach an additional schedule if necessary.

1 OWNERS		2 RELATED NURSING HOMES		3 OTHER RELATED BUSINESS ENTITIES		
Name	Ownership %	Name	City	Name	City	Type of Business
Alden Management Services, Inc.	100	See Attached list		See Attached List		

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. [X] YES [ ] NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1 Schedule V		2 Line	3 Cost Per General Ledger Item	4 Amount	5 Cost to Related Organization Name of Related Organization	6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
1	V			$			$	$	1
2	V								2
3	V								3
4	V								4
5	V								5
6	V								6
7	V								7
8	V								8
9	V								9
10	V								10
11	V								11
12	V								12
13	V								13
14	Total			$			$	$ *	14

* Total must agree with the amount recorded on line 34 of Schedule VI.

Facility Name & ID Number Alden Wentworth Rehab & HCC # 0026435 Report Period Beginning: 01/01/2001 Ending: 12/31/2001

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. [x] YES [ ] NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1 Schedule V		2 Line	3 Cost Per General Ledger Item	4 Amount	5 Cost to Related Organization Name of Related Organization	6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
15	V	22	Employee Benefits	$	Alden Management Services, Inc.	100.00%	$ 73,615	$ 73,615	15
16	V	19	Management fees	978,300	Alden Management Services, Inc.		13,671	(964,629)	16
17	V	21	Gen'l & Admin.		Alden Management Services, Inc.		36,383	36,383	17
18	V	6	maintenance/utilities		Alden Management Services, Inc.		12,569	12,569	18
19	V	24	autos/seminars		Alden Management Services, Inc.		15,513	15,513	19
20	V	20	dues/subscriptions		Alden Management Services, Inc.		377	377	20
21	V	30	depreciation		Alden Management Services, Inc.		11,855	11,855	21
22	V	31	amortization		Alden Management Services, Inc.		292	292	22
23	V	33	real estate tax		Alden Management Services, Inc.		8,240	8,240	23
24	V	34	rent		Alden Management Services, Inc.		789	789	24
25	V	35	rent-equipt/vehicles		Alden Management Services, Inc.		29,459	29,459	25
26	V	32	interest	103,207	Alden Management Services, Inc.		45,722	(57,485)	26
27	V	20	Marketing fees	63,890	Alden Management Services, Inc.			(63,890)	27
28	V								28
29	V								29
30	V								30
31	V								31
32	V								32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total			$ 1,145,397			$ 248,485	$ * (896,912)	39

* Total must agree with the amount recorded on line 34 of Schedule VI.

Facility Name & ID Number Alden Wentworth Rehab & HCC # 0026435 Report Period Beginning: 01/01/2001 Ending: 12/31/2001

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. [X] YES [ ] NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1 Schedule V		2 Line	3 Cost Per General Ledger Item	4 Amount	5 Cost to Related Organization Name of Related Organization	6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
15	V	2	TUBE FEEDING	$ 30,368	PYRAMID HEALTH CARE SERVICES	100.00%	$ 11,334	$ (19,034)	15
16	V	10	NURSING SUPPLIES	12,348	PYRAMID HEALTH CARE SERVICES		6,575	(5,773)	16
17	V	39	SUPPLIES/ PER DIEM FEES	28,232	PYRAMID HEALTH CARE SERVICES		16,657	(11,575)	17
18	V	21	GENERAL & ADMIN		PYRAMID HEALTH CARE SERVICES		11,560	11,560	18
19	V								19
20	V								20
21	V								21
22	V								22
23	V								23
24	V								24
25	V								25
26	V								26
27	V								27
28	V								28
29	V								29
30	V								30
31	V								31
32	V								32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total			$ 70,948			$ 46,126	$ * (24,822)	39

*** Total must agree with the amount recorded on line 34 of Schedule VI.**

Facility Name & ID Number Alden Wentworth Rehab & HCC # 0026435 Report Period Beginning: 01/01/2001 Ending: 12/31/2001

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. [x] YES [ ] NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1 Schedule V		2 Line	3 Cost Per General Ledger Item	4 Amount	5 Cost to Related Organization Name of Related Organization	6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
15	V	39	drugs	$ 93,471	Forum Extended Care II	100.00%	$ 73,241	$ (20,230)	15
16	V	10	house stock	3,290	Forum Extended Care II		2,578	(712)	16
17	V	39	iv	53,754	Forum Extended Care II		42,120	(11,634)	17
18	V	22	fringe benefits		Forum Extended Care II		857	857	18
19	V	21	gen'l & administrative		Forum Extended Care II		4,180	4,180	19
20	V	32	interest		Forum Extended Care II		1,600	1,600	20
21	V	33	real estate tax		Forum Extended Care II		273	273	21
22	V	30	depreciation		Forum Extended Care II		1,048	1,048	22
23	V								23
24	V								24
25	V								25
26	V								26
27	V								27
28	V								28
29	V								29
30	V								30
31	V								31
32	V								32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total			$ 150,515			$ 125,897	$ * (24,618)	39

* Total must agree with the amount recorded on line 34 of Schedule VI.

Facility Name & ID Number Alden Wentworth Rehab & HCC # 0026435 Report Period Beginning: 01/01/2001 Ending: 12/31/2001

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. [X] YES [ ] NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

	1 Schedule V		2 Line	3 Cost Per General Ledger Item	4 Amount	5 Cost to Related Organization Name of Related Organization	6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
15	V		39	CPT Revenues	$ 246,647	Community Physical Therapy	100.00%	$ 148,812	$ (97,835)	15
16	V		31	amortization		Community Physical Therapy		2,171	2,171	16
17	V		32	Interest		Community Physical Therapy		3,905	3,905	17
18	V									18
19	V									19
20	V									20
21	V									21
22	V									22
23	V									23
24	V									24
25	V									25
26	V									26
27	V									27
28	V									28
29	V									29
30	V									30
31	V									31
32	V									32
33	V									33
34	V									34
35	V									35
36	V									36
37	V									37
38	V									38
39	Total				$ 246,647			$ 154,888	$ * (91,759)	39

*** Total must agree with the amount recorded on line 34 of Schedule VI.**

Facility Name & ID Number Alden Wentworth Rehab & HCC # 0026435 Report Period Beginning: 01/01/2001 Ending: 12/31/2001

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. [X] YES [ ] NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1 Schedule V		2 Line	3 Cost Per General Ledger Item	4 Amount	5 Cost to Related Organization Name of Related Organization	6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
15	V	6	maintenance expense	$ 1,220	Aldden Bennett Construction	100.00%	$ 1,212	$ (8)	15
16	V								16
17	V								17
18	V								18
19	V								19
20	V								20
21	V								21
22	V								22
23	V								23
24	V								24
25	V								25
26	V								26
27	V								27
28	V								28
29	V								29
30	V								30
31	V								31
32	V								32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total			$ 1,220			$ 1,212	$ * (8)	39

*** Total must agree with the amount recorded on line 34 of Schedule VI.**

Facility Name & ID Number Alden Wentworth Rehab & HCC # 0026435 Report Period Beginning: 01/01/2001 Ending: 12/31/2001

VII. RELATED PARTIES (continued)

C. Statement of Compensation and Other Payments to Owners, Relatives and Members of Board of Directors.

NOTE: ALL owners (even those with less than 5% ownership) and their relatives who receive any type of compensation from this home must be listed on this schedule.

	1	2	3	4	5	6		7		8	
	Name	Title	Function	Ownership Interest	Compensation Received From Other Nursing Homes*	Average Hours Per Work Week Devoted to this Facility and % of Total Work Week		Compensation Included in Costs for this Reporting Period**		Schedule V. Line & Column Reference	
						Hours	Percent	Description	Amount		
1	Floyd Schlossberg	President/CEO		100.00	360,590	4.17	6.95	Salary	$ 25,061	17	1
2	Lauren Magnussen	Clinical Coordinator	Nurse Consult	A	80,719	3.12	6.95	Salary	2,579	21	2
3	Terry Magnussen	Maintenance Suprv.	Maintenance	A	33,899	3.12	6.95	Salary	2,356	21	3
4											4
5											5
6											6
7	a. Floyd Schlossberg is the President and sole stockholder of Alden Management Services, Inc.										7
8	b. Lauren Magnusson is the daughter of Floyd Schlossberg. Lauren is a nurse coordinator.										8
9	c. Terry Magnusson is the son-in-law of Floyd Schlossberg. Terry is in maintenance and construction.										9
10											10
11											11
12											12
13								TOTAL	$ 29,997		13

* If the owner(s) of this facility or any other related parties listed above have received compensation from other nursing homes, attach a schedule detailing the name(s) of the home(s) as well as the amount paid. THIS AMOUNT MUST AGREE TO THE AMOUNTS CLAIMED ON THE THE OTHER NURSING HOMES' COST REPORTS.

** This must include all forms of compensation paid by related entities and allocated to Schedule V of this report (i.e., management fees). FAILURE TO PROPERLY COMPLETE THIS SCHEDULE INDICATING ALL FORMS OF COMPENSATION RECEIVED FROM THIS HOME, ALL OTHER NURSING HOMES AND MANAGEMENT COMPANIES MAY RESULT IN THE DISALLOWANCE OF SUCH COMPENSATION

Facility Name & ID Number Alden Wentworth Rehab & HCC # 0026435 Report Period Beginning: 01/01/2001 Ending: 2/31/2001

VIII. ALLOCATION OF INDIRECT COSTS

A. Are there any costs included in this report which were derived from allocations of central office or parent organization costs? (See instructions.) YES [X] NO [ ]

B. Show the allocation of costs below. If necessary, please attach worksheets.

Name of Related Organization: Alden Management Services
Street Address: 4200 W. Peterson Avenue
City / State / Zip Code: Chicago Illinois 60646
Phone Number: (773-286-3883
Fax Number: (773-286-3743

	1 Schedule V Line Reference	2 Item	3 Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	4 Total Units	5 Number of Subunits Being Allocated Among	6 Total Indirect Cost Being Allocated	7 Amount of Salary Cost Contained in Column 6	8 Facility Units	9 Allocation (col.8/col.4)x col.6	
1						$	$		$	1
2		See Page 8A								2
3										3
4										4
5										5
6										6
7										7
8										8
9										9
10										10
11										11
12										12
13										13
14										14
15										15
16										16
17										17
18										18
19										19
20										20
21										21
22										22
23										23
24										24
25	TOTALS					$	$		$	25

Facility Name & ID Number Alden Wentworth Rehab & HCC # 0026435 Report Period Beginning: 01/01/2001 Ending: 12/31/2001

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE

A. Interest: (Complete details must be provided for each loan - attach a separate schedule if necessary.)

	1	2		3	4	5	6	7	8	9	10	
	Name of Lender	Related** YES	Related** NO	Purpose of Loan	Monthly Payment Required	Date of Note	Amount of Note Original	Amount of Note Balance	Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense	
	A. Directly Facility Related Long-Term											
1							$	$			$	1
2												2
3	Proforma debt			Original mortgage			5,163,500	3,041,567		7.5000	236,213	3
4												4
5	Internal Revenue Service			Payroll tax liability							1,974	5
	Working Capital											
6	Related party - CPT	X		Operations						Varies	3,905	6
7	Related party - Ams	X		Operations						Varies	45,722	7
8	Related party-Forum	x		Operations						Varies	1,600	8
9	TOTAL Facility Related						$ 5,163,500	$ 3,041,567			$ 289,414	9
	B. Non-Facility Related*											
10				Less: interest Income							(113)	10
11												11
12												12
13												13
14	TOTAL Non-Facility Related						$	$			$ (113)	14
15	TOTALS (line 9+line14)						$ 5,163,500	$ 3,041,567			$ 289,301	15

* Any interest expense reported in this section should be adjusted out on page 5, line 14 and, consequently, page 4, col. 7. (See instructions.)

** If there is ANY overlap in ownership between the facility and the lender, this must be indicated in column 2. (See instructions.)

Facility Name & ID Number Alden Wentworth Rehab & HCC # 0026435 Report Period Beginning: 01/01/2001 Ending: 12/31/2001

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE (continued)

B. Real Estate Taxes

1. Real Estate Tax accrual used on 2000 report. *Important*, please see the next worksheet, "RE_Tax". The real estate tax statement and bill must accompany the cost report.	$	369,438	1
2. Real Estate Taxes paid during the year: (Indicate the tax year to which this payment applies. If payment covers more than one year, detail below.)	$	355,000	2
3. Under or (over) accrual (line 2 minus line 1).	$	(14,438)	3
4. Real Estate Tax accrual used for 2001 report. (Detail and explain your calculation of this accrual on the lines below.)	$	400,000	4
5. Direct costs of an appeal of tax assessments which has NOT been included in professional fees or other general operating costs on Schedule V, sections A, B or C. **(Describe appeal cost below. Attach copies of invoices to support the cost and a copy of the appeal filed with the county.)**	$	2,750	5
6. Subtract a refund of real estate taxes. You must offset the full amount of any direct appeal costs classified as a real estate tax cost plus one-half of any remaining refund. **TOTAL REFUND $ For 19 Tax Year.** **(Attach a copy of the real estate tax appeal board's decision.)**	$		6
7. Real Estate Tax expense reported on Schedule V, line 33. This should be a combination of lines 3 thru 6.	$	388,312	7

Real Estate Tax History:

Real Estate Tax Bill for Calendar Year:			
	1996	357,088	8
	1997	348,044	9
	1998	354,223	10
	1999	351,845	11
	2000	554,057	12

	FOR OHF USE ONLY		
13	FROM R. E. TAX STATEMENT FOR 2000	$	13
14	PLUS APPEAL COST FROM LINE 5	$	14
15	LESS REFUND FROM LINE 6	$	15
16	AMOUNT TO USE FOR RATE CALCULATION	$	16

NOTES:

1. **Please indicate a negative number by use of brackets( ). Deduct any overaccrual of taxes from prior year.**
2. **If facility is a non-profit which pays real estate taxes, you must attach a denial of an application for real estate tax exemption unless the building is rented from a for-profit entity.**
   This denial must be no more than four years old at the time the cost report is filed.

IMPORTANT NOTICE

TO: Long Term Care Facilities with Real Estate Tax Rates **RE:** 2000 REAL ESTATE TAX COST DOCUMENTATION

In order to set the real estate tax portion of the capital rate, it is necessary that we obtain additional information regarding your calendar 2000 real estate tax costs, as well as copies of your real estate tax bills for calendar 2000.

Please complete the Real Estate Tax Statement below and forward with a copy of your 2000 real estate tax bill to the Department of Public Aid, Office of Health Finance, 201 South Grand Avenue East, Springfield, Illinois 62763.

Please send these items in with your completed 2001 cost report. The cost report will not be considered complete and timely filed until this statement and the corresponding real estate tax bills are filed. If you have any questions, please call the Office of Health Finance at (217) 782-1630.

2000 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME Alden Wentworth Rehab & HCC COUNTY Cook

FACILITY IDPH LICENSE NUMBER 0026435

CONTACT PERSON REGARDING THIS REPORT Steven M. Kroll

TELEPHONE 773-286-3883 FAX #: 773-286-3743

A. **Summary of Real Estate Tax Cost**

Enter the tax index number and real estate tax assessed for 2000 on the lines provided below. Enter only the portion of the cost that applies to the operation of the nursing home in Column D. Real estate tax applicable to any portion of the nursing home property which is vacant, rented to other organizations, or used for purposes other than long term care must not be entered in Column D. Do not include cost for any period other than calendar year 2000.

	(A) Tax Index Number	(B) Property Description	(C) Total Tax	(D) Tax Applicable to Nursing Home
1.	20-21-413--034-0000		$ 1,307.37	$ 1,307.47
2.	20-21-414-001-0000		$ 33,389.88	$ 33,389.88
3.	20-21-414-003-0000		$ 27,931.51	$ 27,931.51
4.	20-21-414-004-0000		$ 373.67	$ 373.67
5.	20-21-414-016-0000		$ 44,329.84	$ 44,329.84
6.	20-21-414-017-0000		$ 164,846.26	$ 164,846.26
7.	20-21-414-018-0000		$ 99,004.08	$ 99,004.08
8.	20-21-414-019-0000		$ 427.87	$ 427.87
9.	20-21-414-020,21,31,32		$ 182,446.89	$ 182,446.89
10.	Related party allocation		$ 118,551.00	$ 8,513.00
		TOTALS	$ 672,608.37	$ 562,570.47

B. **Real Estate Tax Cost Allocations**

Does any portion of the tax bill apply to more than one nursing home, vacant property, or property which is not directly used for nursing home services? X YES _____ NO

If YES, attach an explanation & a schedule which shows the calculation of the cost allocated to the nursing home. (Generally the real estate tax cost must be allocated to the nursing home based upon sq. ft. of space used.)

C. **Tax Bills**

Attach a copy of the 2000 tax bills which were listed in Section A to this statement. Be sure to use the 2000 tax bill which is normally paid during 2001.

Facility Name & ID Number Alden Wentworth Rehab & HCC # 0026435 Report Period Beginning: 01/01/2001 Ending: 12/31/2001

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: 89,814 B. General Construction Type: Exterior Brick Frame Steel Number of Stories 4

C. Does the Operating Entity? [ ] (a) Own the Facility [ ] (b) Rent from a Related Organization. [X] (c) Rent from Completely Unrelated Organization.

(Facilities checking (a) or (b) must complete Schedule XI. Those checking (c) may complete Schedule XI or Schedule XII-A. See instructions.)

D. Does the Operating Entity? [ ] (a) Own the Equipment [ ] (b) Rent equipment from a Related Organization. [X] (c) Rent equipment from Completely Unrelated Organization.

(Facilities checking (a) or (b) must complete Schedule XI-C. Those checking (c) may complete Schedule XI-C or Schedule XII-B. See instructions.)

E. List all other business entities owned by this operating entity or related to the operating entity that are located on or adjacent to this nursing home's grounds (such as, but not limited to, apartments, assisted living facilities, day training facilities, day care, independent living facilities, nurse aide training facilities, etc.) List entity name, type of business, square footage, and number of beds/units available (where applicable).

F. Does this cost report reflect any organization or pre-operating costs which are being amortized? [ ] YES [X] NO
If so, please complete the following:

1. Total Amount Incurred: 2. Number of Years Over Which it is Being Amortized:

3. Current Period Amortization: 4. Dates Incurred:

Nature of Costs:
(Attach a complete schedule detailing the total amount of organization and pre-operating costs.)

XI. OWNERSHIP COSTS:

A. Land.

	1 Use	2 Square Feet	3 Year Acquired	4 Cost	
1	Building	71,388		$ 132,641	1
2					2
3	TOTALS	71,388		$ 132,641	3

Facility Name & ID Number Alden Wentworth Rehab & HCC # 0026435 Report Period Beginning: 01/01/2001 Ending: 12/31/2001

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

	1 Beds*	FOR OHF USE ONLY	2 Year Acquired	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
4	300		1981	1981	$ 5,261,267	$	35	$ 150,322	$ 150,322	$ 3,103,694	4
5											5
6											6
7											7
8											8
	Improvement Type**										
9											9
10	Paving/Utility Work and Landscaping			1981	309,353		10-40	7,393	7,393	185,771	10
11	Tile			1982	1,873		10			1,873	11
12	Metal Trimwork/Tile/Nurse Station/AC			1983	3,286		8-20			3,286	12
13	Grab Bar/ Electrical work/Carpentry			1984	42,456		3-27	1,390	1,390	37,294	13
14	boiler			1985	4,000		10			4,000	14
15	Resurfacing/Tuckpointong/Freezer Repairs/Motors			1986	52,147		3-5			52,147	15
16	Heating Repairs			1987	3,410		10			3,410	16
17	Glass/Pump repairs/electrical work			1988	13,872		5-10			13,872	17
18	condensor repair/HVAC-Misc Construction			1990	58,637		5-10			58,637	18
19	clean Boiler/TV Service/repaire tower belts/Glass			1991	61,199	542	5-10	542		61,199	19
20	Wire Partitioning/Transfer box/piping/drain/motor			1993	33,591	2,146	5-15	2,146		22,173	20
21	Plumbing/elevator/Pump Motor/Sink tops/Boiler			1994	28,780	1,561	15-20	1,561		11,818	21
22	Tile work/door frames/filter & pumpassembly/water			1995	27,562	2,706	10-12	2,706		18,304	22
23	Plumbing repairs			1996	4,560	456	10	456		2,622	23
24	Repair ramp lighting			1996	1,600	160	10	160		867	24
25	Install new flooring			1996	2,800	140	20	140		770	25
26	Install new flooring			1996	1,763	88	20	88		470	26
27	Install new flooring			1996	2,800	140	20	140		782	27
28	Install new flooring			1996	2,800	140	20	140		856	28
29											29
30	Repaired roof			1996	1,675	168	10	168		978	30
31	TV Antenna & Outlets			1997	2,298	460	5	460		2,183	31
32	Repaving			1997	3,305	661	5	661		2,864	32
33	Boiler parts			1997	4,938	988	5	988		4,280	33
34	Boiler repairs			1997	4,820	964	5	964		4,017	34
35	Install tubes for HVAC			1997	4,742	948	5	948		3,872	35
36											36

*Total beds on this schedule must agree with page 2.

**Improvement type must be detailed in order for the cost report to be considered complete.

See Page 12A, Line 70 for total

Facility Name & ID Number Alden Wentworth Rehab & HCC # 0026435 Report Period Beginning: 01/01/2001 Ending: 12/31/2001

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

	1 Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
37	Ejector pumps	1992	$ 35,689	$ 1,611	5-15	$ 1,611	$	$ 31,919	37
38	Wigdahl (Repair Lighting And lamps)	1998	3,886	777	5	777		3,108	38
39	Long Elevator (Installed Door retrictors)	1998	5,100	255	20	255		978	39
40	Midwest (Replace Booster Heater)	1998	3,359	336	10	336		1,260	40
41	Mr. Root (Repair Ejector Pumps)	1998	5,100	510	10	510		1,658	41
42	Mr rooter (repair Basement replacement pump	1998	2,600	260	10	260		802	42
43	Climate Service (Replace Hot Water Pump)	1998	6,237	416	15	416		1,282	43
44	ABC Tank replacement	1999	12,409	827	15	827		2,482	44
45	alden Bennett	1999	11,000	1,100	10	1,100		3,117	45
46	North Town Food Service (Install booster heater)	1999	1,674	167	10	167		488	46
47	Fox Valley Fire & Safety	1999	2,690	179	15	179		433	47
48	alden Bennett(Carpentry LAbor0	1999	5,954	595	10	595		1,438	48
49	Alden Bennett (Specialty Prooducts)	1999	4,647	465	10	465		1,123	49
50	Capps Plumbing & Sewer	1999	3,390	339	10	339		791	50
51	Fox Valley Fire (Sprinkler System)	1999	2,981	199	15	199		447	51
52	Alden Bennett (Hardware)	1999	1,843	184	10	184		384	52
53	Alden Bennett (leasehold improvements)	1999	5,384	269	10	269		538	53
54	Alden Bennett (leasehold improvements)	2000	1,518	89	10	89		178	54
55	Climate Service (A/C Repair)	2000	9,393	1,722	5	1,722		3,444	55
56	Capps Plumbing & Sewer (Kitchen repair)	2000	2,842	568	5	568		1,136	56
57	Capps Plumbing Service (faucets)	2000	2,890	289	10	289		578	57
58	Kraft Paper Sales Co (Unside farbage to dumpster)	2000	1,258	126	10	126		241	58
59	Kraft Paper Sales Co (Walkoff Mats)	2000	1,884	375	5	375		720	59
60	New Horizons (telephone repair)	2000	3,756	376	10	376		689	60
61	Fox valley Fire & Safety (smoke detector wiring)	2000	5,482	365	15	365	0	670	61
62	Patten Industries (heating repair)	2000	3,012	602	5	602		907	62
63	Climate Services (PVI Water heater)	1999	11,150	743	15	743	(0)	1,858	63
64	Install Coolant hoses, Lines, Heater	2001	2,443	489	5	489		489	64
65	Capps Plumbing	2001	2,665	178	5	178		178	65
66	T&T	2001	1,756	88	5	88		88	66
67	Alden Bennett Construction Co.	2001	1,431	24	5	24		24	67
68	Power supply and wiring re phone system	2001	8,921	878	10	878	(0)	878	68
69	Coker services-Boiler	2001	3,163	152	20	152		152	69
70	TOTAL (lines 4 thru 69)		$ 6,117,041	$ 27,821		$ 186,926	$ 159,105	$ 3,666,516	70

**Improvement type must be detailed in order for the cost report to be considered complete.

Facility Name & ID Number Alden Wentworth Rehab & HCC # 0026435 Report Period Beginning: 01/01/2001 Ending: 12/31/2001

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

	1 Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12A, Carried Forward		$ 6,117,041	$ 27,821		$ 186,926	$ 159,105	$ 3,666,516	1
2	Related Party-Forum:	1980	19,335		20			19,335	2
3	Leasehold Improvement-Remodeling	1980	1,208		10			1,208	3
4	Leasehold Improvement-Remodeling	1986	645		5			645	4
5	Leasehold Improvement-Remodeling	1990	404		5			404	5
6	Leasehold Improvement-Remodeling	1991	94		5			94	6
7	Leasehold Improvement-Remodeling	1993	8,304	830	10	830		7,474	7
8	Leasehold Improvement-Remodeling	1993	6,504	671	9.7	671		6,035	8
9	Leasehold Improvement-Remodeling	1994	261	22	12	22		174	9
10	Leasehold Improvement-sign	1995	443	44	10	44		310	10
11	Leasehold Improvement-dryvit	1999	723	48	15	48		145	11
12	Leasehold Improvement-new ac	1985	972	51	19	51		870	12
13	Leasehold Improvement-roof	1994	863	58	15	58		460	13
14	Leasehold Improvement-roof	1997	819	55	15	55		273	14
15	Leasehold Improvement-roof	1998	1,390	93	15	93		371	15
16	Leasehold Improvement-roof	2000	111	11	10	11		22	16
17	Leasehold Improvement-parking lot asphalt	2001	155	16	10	16		16	17
18	Leasehold Improvement-hallway lighting	2001	195	19	10	19		19	18
19	Leasehold Improvement-DAI								19
20									20
21	Related Party-AMS:	1993	4,266		7			4,266	21
22	Leasehold Improvement-Remodeling	1994	2,112	64	7	64		2,112	22
23	Leasehold Improvement-Remodeling								23
24									24
25	Related Party-FECII:	1999	4,280	227	5	227		328	25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		$ 6,170,125	$ 30,030		$ 189,135	$ 159,105	$ 3,711,078	34

**Improvement type must be detailed in order for the cost report to be considered complete.

Facility Name & ID Number Alden Wentworth Rehab & HCC # 0026435 Report Period Beginning: 01/01/2001 Ending: 12/31/2001

XI. OWNERSHIP COSTS (continued)

C. Equipment Depreciation-Excluding Transportation. (See instructions.)

	Category of Equipment	1 Cost	Current Book Depreciation 2	Straight Line Depreciation 3	4 Adjustments	Component Life 5	Accumulated Depreciation 6	
71	Purchased in Prior Years	$ 467,847	$ 41,118	$ 41,118	$ (0)	5-10	$ 264,933	71
72	Current Year Purchases	9,114	322	322	(0)	10	322	72
73	Fully Depreciated Assets	96,107	668	668			96,107	73
74								74
75	TOTALS	$ 573,068	$ 42,108	$ 42,108	$ (0)		$ 361,362	75

D. Vehicle Depreciation (See instructions.)*

	1 Use	Model, Make and Year 2	Year Acquired 3	4 Cost	Current Book Depreciation 5	Straight Line Depreciation 6	7 Adjustments	Life in Years 8	Accumulated Depreciation 9	
76	various	bus/van	1998-2000	$ 11,938	$ 3,797	$ 3,797	$	3	$ 6,200	76
77										77
78										78
79										79
80	TOTALS			$ 11,938	$ 3,797	$ 3,797	$		$ 6,200	80

E. Summary of Care-Related Assets

		1 Reference	2 Amount	
81	Total Historical Cost	(line 3, col.4 + line 70, col.4 + line 75, col.1 + line 80, col.4) + (Pages 12B thru 12I, if applicable)	$ 6,887,772	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	$ 75,935	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	$ 235,040	83 **
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	$ 159,105	84
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	$ 4,078,640	85

F. Depreciable Non-Care Assets Included in General Ledger. (See instructions.)

	1 Description & Year Acquired	2 Cost	Current Book Depreciation 3	Accumulated Depreciation 4	
86		$	$	$	86
87					87
88					88
89					89
90					90
91	TOTALS	$	$	$	91

G. Construction-in-Progress

	Description	Cost	
92		$	92
93			93
94			94
95		$	95

* Vehicles used to transport residents to & from day training must be recorded in XI-F, not XI-D.

** This must agree with Schedule V line 30, column 8.

XII. RENTAL COSTS

A. Building and Fixed Equipment (See instructions.)

1. Name of Party Holding Lease: Omega HealthCare Investors

2. Does the facility also pay real estate taxes in addition to rental amount shown below on line 7, column 4?
If NO, see instructions. [X] YES [ ] NO

		1 Year Constructed	2 Number of Beds	3 Date of Lease	4 Rental Amount	5 Total Years of Lease	6 Total Years Renewal Option*	
3	Original Building:				$			3
4	Additions							4
5								5
6								6
7	TOTAL				$ **			7

8. List separately any amortization of lease expense included on page 4, line 34.
This amount was calculated by dividing the total amount to be amortized
by the length of the lease .

9. Option to Buy: [ ] YES [X] NO Terms: *

10. Effective dates of current rental agreement:
Beginning 11/30/00
Ending 11/30/05

11. Rent to be paid in future years under the current rental agreement:

	Fiscal Year Ending	Annual Rent
12.	/2002	$ 1,176,050
13.	/2003	$ 1,176,050
14.	/2004	$ 1,176,050

B. Equipment-Excluding Transportation and Fixed Equipment. (See instructions.)

15. Is Movable equipment rental included in building rental? [X] YES [ ] NO

16. Rental Amount for movable equipment: $ 11,002 Description: Copy machine lease
(Attach a schedule detailing the breakdown of movable equipment)

C. Vehicle Rental (See instructions.)

	1 Use	2 Model Year and Make	3 Monthly Lease Payment	4 Rental Expense for this Period	
17			$	$	17
18					18
19					19
20					20
21	TOTAL		$	$	21

* If there is an option to buy the building, please provide complete details on attached schedule.

** This amount plus any amortization of lease expense must agree with page 4, line 34.

Facility Name & ID Number Alden Wentworth Rehab & HCC # 0026435 Report Period Beginning: 01/01/2001 Ending: 12/31/2001

XIII. EXPENSES RELATING TO NURSE AIDE TRAINING PROGRAMS (See instructions.)

A. TYPE OF TRAINING PROGRAM (If aides are trained in another facility program, attach a schedule listing the facility name, address and cost per aide trained in that facility.)

1. HAVE YOU TRAINED AIDES DURING THIS REPORT PERIOD?
   - [ ] YES
   - [x] NO

   If "yes", please complete the remainder of this schedule. If "no", provide an explanation as to why this training was not necessary.

2. CLASSROOM PORTION:
   - IN-HOUSE PROGRAM [ ]
   - IN OTHER FACILITY [ ]
   - COMMUNITY COLLEGE [ ]
   - HOURS PER AIDE ____

3. CLINICAL PORTION:
   - IN-HOUSE PROGRAM [ ]
   - IN OTHER FACILITY [ ]
   - HOURS PER AIDE ____

B. EXPENSES

ALLOCATION OF COSTS (d)

		1	2	3	4
		Facility			
		Drop-outs	Completed	Contract	Total
1	Community College Tuition	$	$	$	$
2	Books and Supplies				
3	Classroom Wages (a)				
4	Clinical Wages (b)				
5	In-House Trainer Wages (c)				
6	Transportation				
7	Contractual Payments				
8	Nurse Aide Competency Tests				
9	TOTALS	$	$	$	$
10	SUM OF line 9, col. 1 and 2 (e)	$			

C. CONTRACTUAL INCOME

In the box below record the amount of income your facility received training aides from other facilities.

$

D. NUMBER OF AIDES TRAINED

COMPLETED	
1. From this facility	
2. From other facilities (f)	
DROP-OUTS	
1. From this facility	
2. From other facilities (f)	
TOTAL TRAINED	

(a) Include wages paid during the classroom portion of training. Do not include fringe benefits.
(b) Include wages paid during the clinical portion of training. Do not include fringe benefits.
(c) For in-house training programs only. Do not include fringe benefits.
(d) Allocate based on if the aide is from your facility or is being contracted to be trained in your facility. Drop-out costs can only be for costs incurred by your own aides.
(e) The total amount of Drop-out and Completed Costs for your own aides must agree with Sch. V, line 13, col. 8.
(f) Attach a schedule of the facility names and addresses of those facilities for which you trained aides.

XIV. SPECIAL SERVICES (Direct Cost) (See instructions.)

	1	2	3	4	5	6	7	8	
	Service	Schedule V Line & Column Reference	Staff Units of Service	Staff Cost	Outside Practitioner (other than consultant) Units	Outside Practitioner (other than consultant) Cost	Supplies (Actual or) Allocated)	Total Units (Column 2 + 4)	Total Cost (Col. 3 + 5 + 6)	
1	Licensed Occupational Therapist		hrs	$ 125,325		$	$		$ 125,325	1
2	Licensed Speech and Language Development Therapist		hrs	432					432	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist	39-8	hrs	120,041					120,041	4
5	Physician Care		visits							5
6	Dental Care		visits							6
7	Work Related Program		hrs							7
8	Habilitation		hrs							8
9	Pharmacy	39-8	# of prescrpts				48,320		48,320	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							10
11	Academic Education		hrs							11
12	Exceptional Care Program									12
13	Enterological, Urological and Equipment Other (specify): IV Therapy	39-8 39-8					(19,410)		(19,410)	13
14	TOTAL			$ 245,798		$	$ 28,910		$ 274,708	14

NOTE: This schedule should include fees (other than consultant fees) paid to licensed practitioners. Consultant fees should be detailed on Schedule XVIII-B. Salaries of unlicensed practitioners, such as nurse aides, who help with the above activities should not be listed on this schedule.

Facility Name & ID Number Alden Wentworth Rehab & HCC **#** 0026435 **Report Period Beginning:** 01/01/2001 **Ending:** 12/31/2001

XV. BALANCE SHEET - Unrestricted Operating Fund. **As of** 12/31/2001 **(last day of reporting year)**

This report must be completed even if financial statements are attached.

		1 Operating	2 After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	$ 18,254	$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance 149,500)	901,342		3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	154,668		6
7	Other Prepaid Expenses	1,672		7
8	Accounts Receivable (owners or related parties)	1,819,398		8
9	Other(specify): Tax and insurance escrows	127,114		9
10	**TOTAL Current Assets (sum of lines 1 thru 9)**	$ 3,022,448	$	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land			13
14	Buildings, at Historical Cost			14
15	Leasehold Improvements, at Historical Cost	827,811		15
16	Equipment, at Historical Cost	506,697		16
17	Accumulated Depreciation (book methods)	(846,327)		17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds			21
22	Other Long-Term Assets (specify):			22
23	Other(specify): Deferred taxes	448,471		23
24	**TOTAL Long-Term Assets (sum of lines 11 thru 23)**	$ 936,652	$	24
25	**TOTAL ASSETS (sum of lines 10 and 24)**	$ 3,959,100	$	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	$ 2,325,136	$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	463,926		28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	284,477		30
31	Accrued Taxes Payable (excluding real estate taxes)	41,854		31
32	Accrued Real Estate Taxes(Sch.IX-B)	400,000		32
33	Accrued Interest Payable			33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
	Other Current Liabilities(specify):			
36	Due to affiliates	49,709		36
37	Due to IDPA	460,562		37
38	**TOTAL Current Liabilities (sum of lines 26 thru 37)**	$ 4,025,663	$	38
	D. Long-Term Liabilities			
39	Long-Term Notes Payable			39
40	Mortgage Payable			40
41	Bonds Payable			41
42	Deferred Compensation			42
	Other Long-Term Liabilities(specify):			
43				43
44				44
45	**TOTAL Long-Term Liabilities (sum of lines 39 thru 44)**	$	$	45
46	**TOTAL LIABILITIES (sum of lines 38 and 45)**	$ 4,025,663	$	46
47	**TOTAL EQUITY(page 18, line 24)**	$ (66,563)	$	47
48	**TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)**	$ 3,959,100	$	48

***(See instructions.)**

Facility Name & ID Number Alden Wentworth Rehab & HCC # 0026435 Report Period Beginning: 01/01/2001 Ending: 12/31/2001

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	**Balance at Beginning of Year, as Previously Reported**	$ 332,764	1
2	Restatements (describe):		2
3			3
4		199,805	4
5			5
6	**Balance at Beginning of Year, as Restated (sum of lines 1-5)**	$ 532,569	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	(599,132)	7
8	Aquisitions of Pooled Companies		8
9	Proceeds from Sale of Stock		9
10	Stock Options Exercised		10
11	Contributions and Grants		11
12	Expenditures for Specific Purposes		12
13	Dividends Paid or Other Distributions to Owners	( )	13
14	Donated Property, Plant, and Equipment		14
15	Other (describe)		15
16	Other (describe)		16
17	**TOTAL Additions (deductions) (sum of lines 7-16)**	$ (599,132)	17
	B. Transfers (Itemize):		
18			18
19			19
20			20
21			21
22			22
23	**TOTAL Transfers (sum of lines 18-22)**	$	23
24	**BALANCE AT END OF YEAR (sum of lines 6 + 17 + 23)**	$ (66,563)	24 *

*** This must agree with page 17, line 47.**

Facility Name & ID Number Alden Wentworth Rehab & HCC # 0026435 Report Period Beginning: 01/01/2001 Ending: 12/31/2001

XVII. INCOME STATEMENT (attach any explanatory footnotes necessary to reconcile this schedule to Schedules V and VI.) All required classifications of revenue and expense must be provided on this form, even if financial statements are attached.

Note: This schedule should show gross revenue and expenses. Do not net revenue against expense.

	Revenue	1 Amount	
	A. Inpatient Care		
1	Gross Revenue -- All Levels of Care	$ 7,372,756	1
2	Discounts and Allowances for all Levels	( )	2
3	**SUBTOTAL Inpatient Care (line 1 minus line 2)**	$ 7,372,756	3
	B. Ancillary Revenue		
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	(15,023)	6
7	Oxygen	11,773	7
8	**SUBTOTAL Ancillary Revenue (lines 4 thru 7)**	$ (3,251)	8
	C. Other Operating Revenue		
9	Payments for Education		9
10	Other Government Grants		10
11	Nurses Aide Training Reimbursements		11
12	Gift and Coffee Shop		12
13	Barber and Beauty Care	18	13
14	Non-Patient Meals		14
15	Telephone, Television and Radio		15
16	Rental of Facility Space		16
17	Sale of Drugs		17
18	Sale of Supplies to Non-Patients		18
19	Laboratory		19
20	Radiology and X-Ray		20
21	Other Medical Services	95,496	21
22	Laundry		22
23	**SUBTOTAL Other Operating Revenue (lines 9 thru 22)**	$ 95,514	23
	D. Non-Operating Revenue		
24	Contributions		24
25	Interest and Other Investment Income***	113	25
26	**SUBTOTAL Non-Operating Revenue (lines 24 and 25)**	$ 113	26
	E. Other Revenue (specify):**		
27	Settlement Income (Insurance, Legal, Etc.)	202	27
28			28
28a			28a
29	**SUBTOTAL Other Revenue (lines 27, 28 and 28a)**	$ 202	29
30	**TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)**	$ 7,465,335	30

	Expenses	2 Amount	
	A. Operating Expenses		
31	General Services	1,396,490	31
32	Health Care	2,012,528	32
33	General Administration	2,821,149	33
	B. Capital Expense		
34	Ownership	1,755,460	34
	C. Ancillary Expense		
35	Special Cost Centers	446,760	35
36	Provider Participation Fee	164,250	36
	D. Other Expenses (specify):		
37	Less Related Party Salaries-Alden Management Services, Inc.	(523,550)	37
38	Less Related Party Salaries-Forum Extended Care Services	(4,124)	38
39	Less Related Party Salaries-Pyramid	(4,496)	39
40	**TOTAL EXPENSES (sum of lines 31 thru 39)***	$ 8,064,467	40
41	**Income before Income Taxes (line 30 minus line 40)****	(599,132)	41
42	**Income Taxes**		42
43	**NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)**	$ (599,132)	43

* **This must agree with page 4, line 45, column 4.**

** **Does this agree with taxable income (loss) per Federal Income Tax Return? not available If not, please attach a reconciliation.**

*** **See the instructions. If this total amount has not been offset against interest expense on Schedule V, line 32, please include a detailed explanation.**

****Provide a detailed breakdown of "Other Revenue" on an attached sheet.**

Facility Name & ID Number Alden Wentworth Rehab & HCC # 0026435 Report Period Beginning: 01/01/2001 Ending: 12/31/2001

XVIII. A. STAFFING AND SALARY COSTS (Please report each line separately.)
(This schedule must cover the entire reporting period.)

		1 # of Hrs. Actually Worked	2** # of Hrs. Paid and Accrued	3 Reporting Period Total Salaries, Wages	4 Average Hourly Wage	
1	Director of Nursing	1,856	2,080	$ 73,333	$ 35.26	1
2	Assistant Director of Nursing	1,952	2,104	58,846	27.97	2
3	Registered Nurses	6,616	7,117	162,560	22.84	3
4	Licensed Practical Nurses	33,039	36,661	684,474	18.67	4
5	Nurse Aides & Orderlies					5
6	Nurse Aide Trainees	87,948	96,726	802,286	8.29	6
7	Licensed Therapist					7
8	Rehab/Therapy Aides					8
9	Activity Director	1,888	2,080	22,025	10.59	9
10	Activity Assistants	7,026	7,697	54,342	7.06	10
11	Social Service Workers	1,158	1,210	19,619	16.21	11
12	Dietician					12
13	Food Service Supervisor	1,944	2,080	34,389	16.53	13
14	Head Cook					14
15	Cook Helpers/Assistants	22,022	24,542	191,078	7.79	15
16	Dishwashers					16
17	Maintenance Workers	2,674	2,782	51,365	18.46	17
18	Housekeepers	21,699	24,261	211,017	8.70	18
19	Laundry	8,600	9,275	73,689	7.94	19
20	Administrator					20
21	Assistant Administrator					21
22	Other Administrative	1,912	2,080	39,105	18.80	22
23	Office Manager					23
24	Clerical	6,381	6,924	80,495	11.63	24
25	Vocational Instruction					25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)					28
29	Resident Services Coordinator	1,888	2,080	44,116	21.21	29
30	Habilitation Aides (DD Homes)					30
31	Medical Records					31
32	Other Health C: Clinical Support	1,912	2,080	49,421	23.76	32
33	Other(specify) Marketing Mgr	392	400	6,538	16.35	33
34	TOTAL (lines 1 - 33)	210,907	232,179	$ 2,658,698 *	$ 11.45	34

* This total must agree with page 4, column 1, line 45. ** See instructions.

B. CONSULTANT SERVICES

		1 Number of Hrs. Paid & Accrued	2 Total Consultant Cost for Reporting Period	3 Schedule V Line & Column Reference	
35	Dietary Consultant		$		35
36	Medical Director	monthly fee	12,000	9	36
37	Medical Records Consultant				37
38	Nurse Consultant				38
39	Pharmacist Consultant				39
40	Physical Therapy Consultant				40
41	Occupational Therapy Consultant				41
42	Respiratory Therapy Consultant				42
43	Speech Therapy Consultant				43
44	Activity Consultant				44
45	Social Service Consultant		630	12	45
46	Other(specify)				46
47					47
48					48
49	TOTAL (lines 35 - 48)		$ 12,630		49

C. CONTRACT NURSES

		1 Number of Hrs. Paid & Accrued	2 Total Contract Wages	3 Schedule V Line & Column Reference	
50	Registered Nurses		$		50
51	Licensed Practical Nurses				51
52	Nurse Aides				52
53	TOTAL (lines 50 - 52)		$		53

Facility Name & ID Number Alden Wentworth Rehab & HCC # 0026435 Report Period Beginning: 01/01/2001 Ending: 12/31/2001

XIX. SUPPORT SCHEDULES

A. Administrative Salaries

Name	Function	Ownership %	Amount
			$
Allocated from AMS	management	0	111,482
Clarence Boykin	administrator	0	57,882
TOTAL (agree to Schedule V, line 17, col. 1)			
(List each licensed administrator separately.)			$ 169,363

B. Administrative - Other

Description	Amount
	$
TOTAL (agree to Schedule V, line 17, col. 3)	$
(Attach a copy of any management service agreement)	

C. Professional Services

Vendor/Payee	Type	Amount
US GAS & Energy	Natural Gas & Electricity	$ 2,700
Barry Greenburg	Legal	6,884
Kenneth Fisch	Legal	16,359
Janet Hermann	Legal	4,055
Medicom	Computer services	980
Midwest Appraisal	RE Tax Appeal	2,750
Health Care Business Credit	Audit	4,000
Alden Management Services, Inc.	Management Fee	978,300
Blackman Kallick	audit/tax	14,300
RFMS	Computer services	1,612
TOTAL (agree to Schedule V, line 19, column 3)		
(If total legal fees exceed $2500 attach copy of invoices.)		$ 1,031,940

D. Employee Benefits and Payroll Taxes

Description	Amount
Workers' Compensation Insurance	$ 54,591
Unemployment Compensation Insurance	30,736
FICA Taxes	213,421
Employee Health Insurance	33,594
Employee Meals	24,243
Illinois Municipal Retirement Fund (IMRF)*	
Union Health & Welfare	77,091
Union Pension/401kmatch	24,867
Employee relations	4,879
Chicago Head Tax	6,088
Employee Vaccinations	856
Related party-Forum & Pyramid	857
related party-ams	73,615
TOTAL (agree to Schedule V, line 22, col.8)	$ 544,839

E. Schedule of Non-Cash Compensation Paid to Owners or Employees

Description	Line #	Amount
		$
TOTAL		$

F. Dues, Fees, Subscriptions and Promotions

Description	Amount
IDPH License Fee	$ 200
Advertising: Employee Recruitment	
Health Care Worker Background Check	
(Indicate # of checks performed 65)	455
Illinois Health Care Assn	8,056
American Health Care Assn	400
Chicago Dept of Revenue	833
HCFA CLIA FEE	150
APIC	125
related party-ams	377
Less: Public Relations Expense	( )
Non-allowable advertising	( )
Yellow page advertising	( )
TOTAL (agree to Sch. V, line 20, col. 8)	$ 10,596

G. Schedule of Travel and Seminar**

Description	Amount
Out-of-State Travel	$
In-State Travel	
Clarence Boykin-Exp Reimbursement	528
Seminar Expense	325
related party-ams	15,513
Entertainment Expense	( )
TOTAL (agree to Sch. V, line 24, col. 8)	$ 16,366

* Attach copy of IMRF notifications

**See instructions.

Facility Name & ID Number Alden Wentworth Rehab & HCC # 0026435 Report Period Beginning: 01/01/2001 Ending: 12/31/2001

XIX-H. SUPPORT SCHEDULE - DEFERRED MAINTENANCE COSTS (which have been included in Sch. V, line 6, col. 3).
(See instructions.)

	1	2	3	4	5	6	7	8	9	10	11	12	13
	Improvement Type	Month & Year Improvement Was Made	Total Cost	Useful Life	Amount of Expense Amortized Per Year								
					FY1998	FY1999	FY2000	FY2001	FY2002	FY2003	FY2004	FY2005	FY2006
1			$		$	$	$	$	$	$	$	$	$
2													
3	See Page 22A	2/89-12/94	130,230		249								
4	See Page 22c	2/95-12/95	30,435	3-20	3,805	1,474	1,182	1,124	1,124	1,124	1,124	1,124	1,124
5	See Page 22C &22D	1/96-12/96	43,836	3-20	10,681	6,214	1,356	1,356	1,356	1,356	1,356	1,356	1,356
6	See Page 22C & 22D	2/97-12/97	32,043	3	10,681	10,681	6,211						
7	See Page 22D	1/98-12/98	32,985	3	5,319	10,995	10,995	5,676					
8	See Page 22D	3/99-8/99	30,523	3		5,533	10,174	10,174	4,641				
9	See Page 22E	3/00-6/00	44,766	3			9,081	14,922	14,922	5,841			
10	See Page 22E	7/01-12/01	8,300	3				816	2,767	2,767	1,950		
11													
12													
13													
14													
15													
16													
17													
18													
19													
20	TOTALS		$ 353,118		$ 30,735	$ 34,897	$ 38,999	$ 34,068	$ 24,810	$ 11,088	$ 4,430	$ 2,480	$ 2,480

Facility Name & ID Number Alden Wentworth Rehab & HCC **#** 0026435 **Report Period Beginning:** 01/01/2001 **Ending:** 12/31/2001

XX. GENERAL INFORMATION:

(1) Are nursing employees (RN,LPN,NA) represented by a union? Yes

(2) Are there any dues to nursing home associations included on the cost report? _____
If YES, give association name and amount. illinois Health Care Assn

(3) Did the nursing home make political contributions or payments to a political action organization? Yes If YES, have these costs been properly adjusted out of the cost report? Yes

(4) Does the bed capacity of the building differ from the number of beds licensed at the end of the fiscal year? No If YES, what is the capacity? _____

(5) Have you properly capitalized all major repairs and equipment purchases? Yes
What was the average life used for new equipment added during this period? 5-20 yrs

(6) Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V. $ 1,278 Line 10

(7) Have all costs reported on this form been determined using accounting procedures consistent with prior reports? Yes If NO, attach a complete explanation.

(8) Are you presently operating under a sale and leaseback arrangement? _____
If YES, give effective date of lease. _____

(9) Are you presently operating under a sublease agreement? _____ YES X NO

(10) Was this home previously operated by a related party (as is defined in the instructions for Schedule VII)? YES _____ NO X If YES, please indicate name of the facility, IDPH license number of this related party and the date the present owners took over.

_____

(11) Indicate the amount of the Provider Participation Fees paid and accrued to the Department of Public Aid during this cost report period. $ 164,250
This amount is to be recorded on line 42 of Schedule V.

(12) Are there any salary costs which have been allocated to more than one line on Schedule V for an individual employee? No If YES, attach an explanation of the allocation.

(13) Have costs for all supplies and services which are of the type that can be billed to the Department of Public Aid, in addition to the daily rate, been properly classified in the Ancillary Section of Schedule V? Yes

(14) Is a portion of the building used for any function other than long term care services for the patient census listed on page 2, Section B? No For example, is a portion of the building used for rental, a pharmacy, day care, etc.) If YES, attach a schedule which explains how all related costs were allocated to these functions.

(15) Indicate the cost of employee meals that has been reclassified to employee benefits on Schedule V. $ 24,243 Has any meal income been offset against related costs? No Indicate the amount. $ _____

(16) Travel and Transportation
a. Are there costs included for out-of-state travel? No
If YES, attach a complete explanation.
b. Do you have a separate contract with the Department to provide medical transportation for residents? No If YES, please indicate the amount of income earned from such a program during this reporting period. $ _____
c. What percent of all travel expense relates to transportation of nurses and patients? 0
d. Have vehicle usage logs been maintained? No
e. Are all vehicles stored at the nursing home during the night and all other times when not in use? N/A
f. Has the cost for commuting or other personal use of autos been adjusted out of the cost report? Charged to employee as compensation
g. Does the facility transport residents to and from day training? No
Indicate the amount of income earned from providing such transportation during this reporting period. $ _____

(17) Has an audit been performed by an independent certified public accounting firm? Yes
Firm Name: BDO Seidman, LLP The instructions for the cost report require that a copy of this audit be included with the cost report. Has this copy been attached? No If no, please explain. Not Complete

(18) Have all costs which do not relate to the provision of long term care been adjusted out out of Schedule V? Yes

(19) If total legal fees are in excess of $2500, have legal invoices and a summary of services performed been attached to this cost report? Yes
Attach invoices and a summary of services for all architect and appraisal fees.